

Date: _____

Stony Brook Appointment Review

1. What is my main problem?

2. What do I need to do?

3. Why is it important for me to do this?

Topics I want to discuss:

- ___ Weight, blood pressure
- ___ Nausea, headaches, loss of appetite
- ___ Sleeping problems, insomnia
- ___ Insurance / ADAP
- ___ Medication renewals
- ___ Understanding my lab numbers
- ___ Depression, Mental Health referral
- ___ Alcohol/ Substance use
- ___ Dental, Eye Doctor, Primary Care
- ___ Nutrition
- ___ OB-GYN
- ___ Support Groups
- ___ Housing, Employment, Transportation
- ___ New advances/questions in HIV care
- ___ Others, Smoking, etc.

My next appointment: _____

My next labwork: _____

Last labwork date: _____

CD4 _____

Viral load _____

Today's labwork:

CD4 _____

Viral load _____